PROPERTY BAILBONDSMAN MONTHLY OUTSTANDING BOND REPORT

Must be completed and filed with DCJS no later than the 5th day of each month.

Total # of Pages:_____

Name:

COMMONWEALTH OF VIRGINIA

Department of Criminal Justice Services
Private Security Services Section

P.O. Box 10110, Richmond, VA 23240-9998

DCJS ID # 99-

Phone #: (804) 786-4700; Fax #: (804) 786-6344 http://www.dcjs.virginia.gov/pss/special/bailBondsman.cfm

Employed by:					Phone			
Physical Bu	usiness Address:	Numbe						
		Numbe	r and Street	C	City/Town	State	Zip	
AFFIRMA	ATION: I,			being a duly licensed Proper	ty Bail Bondsman	as defined in Co	ode 9.1-185.5	
do hereby c	certify to DCJS that	at the following list incl	udes all outstand	ling bonds throughout the Comn	nonwealth on whic	h I am obligated	d as of the 5 th	
day of		2005 and that the total	penalty of all suc	ch bonds is \$			•	
			Date		Pending	Amount of	Date	
Number	Case #	Name of Court	Bond Issued	Name of Defendant	Case Date	Bond	Bond Released	
1.								

First

			Date		Pending	Amount of	Date Bond
Number	Case #	Name of Court	Bond Issued	Name of Defendant	Case Date	Bond	Released

Name:				DCJS ID# _ 99-	Page of
	Last	First	MI		